

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME

Ellen Feigal

SSN or EMPLOYEE NUMBER\*

DEPARTMENT

CIRM

POSITION

VP of Research and Development

CB/ID No.

DIVISION or BUREAU

CIRM

INDEX NUMBER

RESIDENCE ADDRESS \*

HEADQUARTERS ADDRESS

210 King Street

TELEPHONE NUMBER

(415) 396-9255

CITY

San Francisco

STATE

CA

ZIP CODE

94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
Mar 11														
3/20	8:55 20:00	Washington, DC	238.43		9.49	26.37		32.00	T				306.29	
3/21	7:49 20:26	Washington, DC	238.43			169.13		18.50	T				426.06	
3/22	15:11	Washington, DC								77.00			77.00	
													0.00	
													0.00	
													0.00	
													0.00	
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													0.00	
(10) SUBTOTALS			476.86	0.00	9.49	195.50	0.00	50.50		77.00	0	0.00	809.35	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

809.35

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Dr. Ellen Feigal travelled to Washington, DC to attend the Pluripotent Stem Cells in Translation: Early Decisions at the National Institute of Health.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

20105030

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

03/30/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

03/30/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE